



Washington County School District

Medical History/Developmental History

STUDENTS NAME:		TODAY'S DATE:	
GENDER:	AGE:	GRADE:	BIRTHDAY:
FATHER'S NAME:		MOTHER'S NAME:	
FATHER'S TYPE OF WORK:		MOTHER'S TYPE OF WORK:	
PERSON ANSWERING QUESTIONS:		RELATIONSHIP TO STUDENT:	
SCHOOL NURSE SIGNATURE:			

Yes No Has your child been diagnosed with a specific syndrome or health condition?

Condition	Medical Provider	Date/Year

Yes No Has your child ever had a serious injury requiring medical care or hospitalization?

Yes No Has your child ever taken medication for a chronic illness?

Yes No Does your child take any medication currently?

Yes No Were there any unusual pregnancy, labor, or delivery problems with your child? _____

Yes No Has your child had any history of high fevers, convulsions, or long-lasting illnesses?

Yes No Does your child have any hearing, vision, or speech problem(s)? Any physically limiting condition(s)?

Problem(s)	Intervention(s)

Yes No Do you feel that your child might be less active than most children? _____

Yes No Do you feel that your child might be more active than most children? _____

Yes No Did your child have difficulty learning to walk, hop, skip, or ride a bike? _____

Yes No Has your child missed more than 25 days in one school year? _____

Yes No Have you noticed any difficulty at home with your child learning or remembering _____

Yes No Does your child have difficulty understanding and following instructions? _____

Yes No Does your child have difficulty getting along well with his/her brothers and sisters? _____

Yes No Does your child have difficulty getting along well with children in the neighborhood? _____

Yes No Does your child have difficulty completing and handing in homework that is well within his/her ability? _____

Yes No Do you know of issues which could be affecting your child? _____

Yes No Have there been any behavior problems at home? At school? In the neighborhood? _____

Yes No Does your child receive special education or remedial services or attend a special class? _____

Yes No Has your child repeated any grades? What grade(s) and reasons: _____

Yes No Have you ever had any help for your child from any community or private agency such as a hospital, mental health agency, etc? _____

Yes No Is there any language other than English spoken in your home? _____

- How well does your child understand this language? below average average above average
- How well does your child speak this language? below average average above average

At what age did your child begin to use single words? _____

At what age did your child begin to talk in short sentences (3-5 words)? _____

At what age did your child begin to play with other children? _____

What subjects does your child take in school and how well is he/she doing?

- Reading or language arts Failing Below average Average Above average
- History of Social Studies Failing Below average Average Above average
- Math Failing Below average Average Above average
- Science Failing Below average Average Above average
- Other _____ Failing Below average Average Above average
- Other _____ Failing Below average Average Above average
- Other _____ Failing Below average Average Above average

How would you describe your child's behavior? friendly Leader Shy follower Other _____

What concerns you most about your child?

Please describe the best things about your child. _____
